

General

Title

Neonatal zidovudine (ZDV) prophylaxis: percentage of infants born to HIV-infected women who were prescribed ZDV prophylaxis for HIV within 12 hours of birth during the measurement year.

Source(s)

Health Resources and Services Administration (HRSA). HAB HIV performance measures: pediatrics. Rockville (MD): Health Resources and Services Administration (HRSA); 2010 Aug 19. 30 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of infants born to human immunodeficiency virus (HIV)-infected women who were prescribed zidovudine (ZDV) prophylaxis for HIV within 12 hours of birth during the measurement year.

Rationale

Human immunodeficiency virus (HIV)-related morbidity and mortality has dropped dramatically due to advances in HIV/acquired immune deficiency syndrome (AIDS) treatment. But reductions are uneven across HIV-infected populations due to unequal access to care and variable quality of services provided. Quality management seeks to enhance the quality of HIV care provided and increase access to services. They do so by measuring how health and social services meet established professional standards and user expectations.

The Pediatric AIDS Clinical Trials Group 076 (PACTG 076) demonstrated that administration of zidovudine

(ZDV) to the pregnant woman and her infant could reduce the risk of perinatal transmission by nearly 70%. Perinatal HIV transmission can occur at low or undetectable HIV ribonucleic acid (RNA) levels. All HIV-exposed infants should receive postpartum antiretroviral drugs to reduce perinatal HIV transmission. ZDV should be initiated as close to birth as possible, preferably within 6 to 12 hours of delivery. The 6-week neonatal ZDV chemoprophylaxis regimen is recommended for all HIV-exposed infants (Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission, 2010).

The measure reflects important aspects of care that significantly impacts mortality. The measure has a strong evidence base supporting the use.

U.S. Public Health Guidelines

"The 6-week neonatal component of the ZDV chemoprophylaxis regimen is recommended for all HIV-exposed neonates to reduce perinatal HIV transmission. ZDV should be initiated as close to the time of birth as possible, preferably within 6 to 12 hours of delivery" (Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission, 2010).

Evidence for Rationale

American Academy of Periodontology. Parameter on periodontitis associated with systemic conditions. J Perinatol. 2000 May;7(5 Suppl):876-9.

Health Resources and Services Administration (HRSA). Deliver HIV/AIDS care: quality of care. [internet]. Rockville (MD): Health Resources and Services Administration (HRSA); [accessed 2016 Jun 23].

Health Resources and Services Administration (HRSA). HAB HIV performance measures: pediatrics. Rockville (MD): Health Resources and Services Administration (HRSA); 2010 Aug 19. 30 p.

Primary Health Components

Human immunodeficiency virus (HIV); zidovudine (ZDV) prophylaxis; infants

Denominator Description

Number of infants who:

Were born to human immunodeficiency virus (HIV)-infected women during the measurement year;
and

Had a visit with a provider with prescribing privileges in an HIV setting during the measurement year

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

Number of infants born to human immunodeficiency virus (HIV)-infected women who were prescribed zidovudine (ZDV) prophylaxis within 12 hours of birth during the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age less than or equal to 12 months

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of infants who:

- Were born to human immunodeficiency virus (HIV)-infected women during the measurement year;
- and
- Had a visit with a provider with prescribing privileges in an HIV setting during the measurement year

Note:

A "provider with prescribing privileges" is a health care professional who is certified in his/her jurisdiction to prescribe medications. An HIV care setting is one which received Ryan White HIV/AIDS Treatment Extension Act of 2009 funding to provide HIV care and has a quality management program in place to monitor the quality of care addressing gaps in quality of HIV care. Refer to the original measure documentation for additional data elements.

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of infants born to human immunodeficiency virus (HIV)-infected women who were prescribed zidovudine (ZDV) prophylaxis within 12 hours of birth during the measurement year

Note: The 6-week ZDV prophylaxis regimen is recommended at gestational age-appropriate doses; ZDV should be dosed differently for premature infants less than 35 weeks than for infants greater than or equal to 35 weeks as outlined by the Public Health Service Task Force.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Neonatal zidovudine prophylaxis.

Measure Collection Name

HIV/AIDS Bureau (HAB) Performance Measures

Measure Set Name

Pediatrics

Submitter

Health Resources and Services Administration - Federal Government Agency [U.S.]

Developer

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2010 Aug

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [Health Resources and Services Administration \(HRSA\) Web site](#)

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For more information, contact the HRSA HIV/AIDS Bureau (HAB) at 5600 Fishers Lane, Rockville, MD 20857; E-mail: HIVmeasures@hrsa.gov; Web site: www.hrsa.gov/index.html .

NQMC Status

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Production

Source(s)

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